

Division of Building Safety  
1090 E. Watertower St., Meridian, ID 83642  
Phone: (208) 334-3950  
Fax: (208) 855-2165

**OFFICE USE ONLY**

Permit Number \_\_\_\_\_

Receipt Number \_\_\_\_\_

**APPLICATION FOR SINGLE PERMIT**

**\*\*\*Not for use by home owners\*\*\***

**The proper inspection fee must accompany this application.** If faxing this application, please complete the credit card authorization form and submit with this application. This application is to be completed and submitted before work has commenced by the installer actually doing the work.

Bureau: \_\_\_\_\_ License #: \_\_\_\_\_

Contractor Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**JOB SITE INFORMATION**

Gen. Contractor/Builder or Property Owner Name: \_\_\_\_\_

Job Site Address: \_\_\_\_\_

Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Subdivision Name: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Directions (attach map if difficult to locate): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**RESIDENTIAL JOB SITES:**

**DESCRIPTION OF WORK:** \_\_\_\_\_

\_\_\_\_\_

*(Example: New home electrical up to 200amp \$120 fee/ Electric Pump up to 25hp \$40 fee/ Sewer and Water \$50 fee/  
10 plumbing fixtures \$110 fee/ 2 HVAC fixtures and gas piping \$115 fee)*

**TOTAL DUE: \$** \_\_\_\_\_

**NON-RESIDENTIAL (COMMERCIAL) JOB SITES**

**JOB COST: \$** \_\_\_\_\_

**TOTAL DUE: \$** \_\_\_\_\_

I, or my agent, agree to do the actual physical installation at the specified job site as indicated on this application.

\_\_\_\_\_  
SIGNATURE OF PERMIT APPLICANT

\_\_\_\_\_  
DATE

**STATE OF IDAHO**  
**DIVISION OF BUILDING SAFETY**  
**CREDIT CARD AUTHORIZATION FORM**

I \_\_\_\_\_, hereby authorize **The State of Idaho, Division of Building Safety** to charge my credit card account in the amount of \$ \_\_\_\_\_ for a single use permit. (Form attached)

\_\_\_\_\_ VISA \_\_\_\_\_ MASTERCARD

Debit Cards Accepted – Processed as a Credit

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

**CREDIT CARD BILLING ADDRESS**

(The address the credit card statement is mailed to)

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

As the credit card holder, I hereby authorize receipt of a single use permit at the above shipping address.

\_\_\_\_\_  
Cardholder's Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date